

APPENDIX B

ADP HIPAA-DMC CLAIM FILE SUBMISSION REQUIREMENTS

Requirements:

A Drug Medi-Cal Monthly Summary Invoice (ADP form 1592) must be submitted with each claim file submitted to ADP including HIPAA claims. Alternate versions of the form may not be used in place of this official form. Please contact your Fiscal Management Accounting Branch (FMAB) analyst for a copy of this form if necessary.

Each claim file must be compressed and encrypted using PKZip® or Winzip® compatible technology and the appropriate county/direct provider password as previously defined on the Department of Mental Health's Information Technology Web Service. Each zip file may contain only one claim file AND must not cross fiscal years or service months.

File Name Convention for ADP HIPAA Claim Files:

The compressed claim file name must be in the format:

ADP_SDM_code_x_837_yyyymm_##.zip

The text claim file name must be in the format:

ADP_SDM_code_x_837_yyyymm_##.txt

File Name Legend:

code: County code (2 digits) or Direct Provider code (4 digits).

x: T for testing data, P for production data.

Filetype: "837" for files in HIPAA format, "PRO" for files in propriety format (157 bytes).

yyyy: Calendar year applicable to the service period of the claims.
Only one state fiscal year of claims may be included in a single text claim file.

mm: Calendar month applicable to the service period of the claims.
DO NOT cross state fiscal years or service month within a single text claim file.

##: Sequential number defining the number of files created for the same service period year and month. This character must sequence from "01" through "99".